



## Section 811 PRA Tenant Application Instructions



The application instructions offers general guidance on how to fill the application in its entirety to be considered complete. The following information is designed to help front-line staff assist their clients to apply for the Section 811 PRA Tenant Application.



[Did you complete the Section 811 PRA Prescreening Eligibility Checklist? Click here to complete.](#)

- 1.** Enter all applicable fields with the qualifying household members contact information
- 2.** If applicable, enter all fields with appropriate contact information. A person who has legal authority to act on the qualifying household member's behalf (e.g. Power of Attorney, legal guardian, etc.)
- 3.** Enter contact information for OHA Service Provider, or DHS Service Coordinator or Personal Agent
- 4. a)** For occupancy standards see [Referral and Tenant Selection Plan](#). Select all applicable unit sizes that the household requests (can be more than one size)  
**b)** Select all applicable unit accessibility needs
- 5.** Enter each member of the household by name, date of birth, social security number, relationship to the head of household, and gender. Relationship to HEAD can be Spouse, Co-head, Other adult member, Dependent, or Live-in aide. Sex can be Male, Female, Self identify: write in.
- 6.** Identify the qualifying household member (between the age of 18-61 at the time of admission) who has a serious persistent mental illness or intellectual disability and/or developmental disability Complete all fields in 6a) through 6d)
- 7.** Identify if the qualifying household member is:
  - a)** Homeless: Definition, [see category 1, 3, and 4](#)
  - b)** Risk of Homelessness: [see category 2 and 4](#)
  - c)** At risk of reentering an institution, hospital or facility setting
  - d)** Ready to transition to a supported housing settingPreference documents: Shelter intake documents, eviction notices, 3rd-party verifications, etc.
- 8. a)** Identify if any household member is subject to a lifetime [Sex Offender Registration](#) in any State  
**b)** Identify if any household member has ever been evicted from federally assisted housing in the past 3 years for drug-related criminal activity  
**c)** Identify if any household member is a full or part-time student at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential; if yes, provide their name
- 9.** List all income amounts, monetary or not, received on behalf of any household member: Examples include, but not limited to, employment, Social Security, Supplemental Security Income, business (net amount), child support, TANF, unemployment, and income receive from family/friends
- 10.** List all assets, including but not limited to, checking, savings, safe deposit boxes, revocable trusts, stocks, bonds, certificates of deposit, mutual funds, money markets, 401K, Keoghaccounts, pensions, whole life insurance policies, and real estate.
- 11.** Answer if all household members are a citizen of the United States or have [eligible immigration](#) status (see paragraph 3-12 and Figure 3-4).
- 12.** Demographic Information: If applicant chooses to provide, please select all applicable options. If multiple selections: write in. If applicant chooses not to provide, select "prefer not to answer"
- 13. a)** List the general area (city, county, metropolitan, etc.) the applicant wishes to reside  
**b)** Select property specific waiting lists the applicant wishes to be added
- 14.** Ensure all applicable fields are complete and original signatures are obtained



# Section 811 Project Rental Assistance (PRA) Tenant Application

Revised 10.2020

<i>For Office Use Only</i>		
<b>Date and Time Received:</b>	<b>Date Approved / Denied (circle one):</b>	<b>Date Rejected:</b>
<i>For Office Use Only: QHM</i>		

Complete one application per household. The application must be completed in its entirety or the application will be considered incomplete and will be rejected. Applications can be sent to OHCS using the following methods:

**Mail to: Oregon Housing & Community Services**  
**725 Summer Street NE, Suite B**  
**Salem, Oregon 97301-1266**

Scan and securely email to: [811PRA.submissions@oregon.gov](mailto:811PRA.submissions@oregon.gov)

It is very important that we can get in touch with you. Please provide all possible contact information below. See application instructions for more information.



[Did you complete the Section 811 PRA Prescreening Eligibility Checklist? Click here to complete.](#)

### 1. Applicant Information:

First & Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Additional Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### 2. Legal Guardian/Representative of Applicant Contact Information:

First & Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Additional Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### 3. Referral Agent Contact Information:

First & Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Additional Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_



**10. List ALL assets for each household member, do not include for live-in aides**

First, Last Name	Type of Asset (Checking, Savings, CD, etc.)	Cash Value*	Financial Institution

\* Cash Value for checking is 6 month average balance; savings is current balance

**11.** Are all household members a citizen of the United States or have \_\_\_\_\_ eligible immigration status? If yes, social security numbers (SSN) are required to be disclosed for all household members.

(NOTE: Citizenship status, itself, is not a requirement of the 811 PRA program)

**12. Demographic Information:**

**a)** Ethnicity (voluntary – select one or more): \_\_\_\_\_

If Hispanic, check all that apply:

- Puerto Rican
- Cuban
- Mexican, Mexican American, Chicano/a
- Another Hispanic, Latino/a or Spanish Origin

**b)** Race (voluntary – select one or more): \_\_\_\_\_

If Asian, check all that apply:

- Asian India
- Chinese
- Filipino
- Other Asian
- Japanese
- Korean
- Vietnamese

If Native Hawaiian or Other Pacific Islander, check all that apply:

- Native Hawaiian
- Guamanian, Chamorro
- Samoan
- Other Pacific Islander

**13. Waiting List:**

**a)** Please list the general area in the state of Oregon that you wish to reside (city, county, metropolitan, etc.): \_\_\_\_\_

**b)** Please review the property list and select ALL of the property lists you wish to be added to <https://www.oregon.gov/ohcs/compliance-monitoring/Documents/hud-811/hud-811-pra-Property-List.pdf>

_____	_____	_____
_____	_____	_____
_____	_____	_____

## 14. Application Certification

Privacy Act Statement: The information on this form is being collected on behalf of the Department of Housing and Urban Development (HUD) to help determine an applicant's eligibility. It will be used to provide the basis for managing the program covered by this form, for protecting the Government's financial interest and for verifying the accuracy of the information furnished.

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7), and (8).

**Warning:** U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount the damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or caused to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.

**Applicant Statement:** I certify that the information in this application is true and complete to the best of my knowledge and belief. I understand that furnishing false or incomplete information is punishable under Federal law.

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Print Applicant's Full Name

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Signature of Applicant\*\*

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Today's Date

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Print Legal Guardian or Representative of Applicant's Full Name

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Signature of Legal Guardian or Representative of Applicant\*\*

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Today's Date

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Print Referring Agent's Full Name

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Signature of Referring Agent\*\*\*

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Today's Date

\*\*Must be an original signature. COVID-19 policy update: If signature cannot be obtained due to COVID-19 impacts, please explain the circumstances for the reason of the delay and what the plans are to obtain the signature at a later date. Electronic signatures will not be accepted for the applicant.

\*\*\* COVID-19 policy update: Referral agent signature is required for submission, please follow the preference criteria below:

1st Preference: Original signature, if you cannot sign the document due to COVID-19 impacts, then

2nd Preference: Electronic signature will be accepted for the Referral agent only